Andrew S. Cook, MD
Peter A. Castillo, MD
Linda Mavity, NP
Bernardetta Witek, NP
Danielle Cook, MS, RD, CDE

Vital Health INSTITUTE

14830 Los Gatos Blvd., Suite 300
Los Gatos, CA 95032
Tel (408) 358-2511
Fax (408) 358-1009
www.VitalHealth.com

Things you should know about Anesthesiology prior to surgery

THESE INSTRUCTIONS SHOULD BE TAKEN VERY SERIOUSLY AND FOLLOWED TO THE LETTER

The Anesthesiologist assigned to your surgical case will attempt to call you the night before surgery to review the following protocols. Any information your Anesthesiologist tells you will supersede the following information.

The following list of prescribed medications, over-the-counter medicines and herbs needs to be discontinued prior to surgery:

Drug Name	Discontinue prior to surgery:
Meridia (sibutramine)	7 days
Fastin, Ionamin, Adipex (phentermine)	7 days
Blood Thinners (i.e. Aspirin, Motrin)	14 days
Nardil (phenelzine) Type A	14 days
Parnate (tranylcypromine) Type A	14 days
Elderpryl (selegiline) Type B	14 days
Marplan (isocarboxazid)	14 days
NSAIDS (NonSteroidal AntiInflammatories) Advil, Ibuprofenm Aleve, Aspirin, and many OTC cold medicines. There are many NSAIDS that are also prescribed such as Toradol, Relafenm etc. If you are not sure, as your pharmacisit	14 days
Metformin	(do not take the day of your bowel prep)
All Herbs & Supplements	***Review with Nurse Practitioner during Phone Consult***

1. Nothing to eat or drink after midnight for all AM surgeries

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2. If surgery is scheduled in the afternoon, you may have clear liquids until 8 am (Water, apple juice, clear gatorade)

3. It is okay to brush your teeth and gargle without swallowing the morning of surgery.

4. Do not use gum, mints, or lozenges on the day of surgery.

5. Medications on the day of surgery:

   -if you take medications not specifically for pain but for other reasons (ex: for high blood pressure, asthma, or some other medical problem), take your usual medications with a sip of water at the normal time you would take them.

   -Pain Medications: take your usual daily medication for chronic pain (ex: oxycontin, MS contin, Norco, etc.) with a sip of water at the usual time you would take it. If you have break through pain on the day of surgery, take one dose of your usual medication for that (ex: percocet) with a sip of water.

   -If you use any inhalers for asthma, use them as you normally would on the day of surgery and bring them with you to the hospital.

   -If you are diabetic, on insulin, consult with your anesthesiologist on how to manage insulin on the day of surgery. Bring your glucose meter and insulin with you to the hospital.

Before Surgery

Your anesthesiologist will meet you in the preoperative waiting area, before you are sedated. He or she will be happy to answer any questions you may have at that time. Usually, the physician will have already called you at home the evening prior to surgery, although this is not always possible. You should feel free to ask your anesthesiologist to address any issues that concern you at this time. The anesthesiologist will review your medical and surgical history and discuss the anesthetic plan, alternatives, and risks. This is called obtaining "informed consent" for the anesthesia. The anesthesiologist will usually start an IV, and may give intravenous medication to relax you prior to entering the operating room.

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During Surgery

From the preoperative area, after meeting your anesthesiologist, you will be taken (usually walking) to the operating room. Your anesthesiologist and operating room nurse will then apply the appropriate monitors and prepare you for surgery. (If you are given sedative medications in the preoperative area, you may not remember this later.)

Your attending anesthesiologist is present during your entire surgery. You will never be left in the care of a nurse anesthetist, intern, or medical student. Your anesthesiologist is the physician primarily responsible for your general well-being during surgery. He or she will, at a minimum, closely monitor your electrocardiogram, oxygenation, blood pressure, and breathing status throughout the surgical procedure. The anesthetic medications, which usually consist of several intravenous as well as inhaled agents, are continually adjusted depending on your individual needs. Your anesthesiologist is responsible for managing any preexisting medical problems - for example: high blood pressure, heart disease, lung disease, diabetes, or kidney disease - during the surgical procedure. Your anesthesiologist is also responsible for administering any intravenous fluids or blood products which may be necessary. The vigilant anesthesiologist will recognize any changes which occur in your vital signs, and medical treatment is given to return your vital signs to normal.

After Surgery

Unless you have circumstances requiring intensive care, you will go from the operating room to the **recovery room** when your surgical procedure is completed. Your anesthesiologist will accompany you and remain with you until your condition is quite stable. Although most patients awaken within 15 minutes or so after surgery, you may not recall much from the first 30 to 45 minutes in the recovery room.

Your anesthesiologist remains responsible for your care until you leave the recovery room. Common symptoms following surgery and anesthesia are drowsiness, the possibility of nausea, and the possibility of pain in the surgical location. If you should awaken with any discomfort or nausea, the recovery room nurse will administer medication as prescribed by the anesthesiologist. If a breathing tube or airway is used during general anesthesia, you may have a sore throat after surgery.

Depending on what surgical procedure you had, and depending on your individual response, you will either be sent home from the recovery room or admitted to a room in the hospital. In either case, **you will usually be ready to leave the recovery room 1 to 2 hours after surgery.**

Whether you are an outpatient (i.e., returning home after surgery), 23 hour observation patient or inpatient **you must have a responsible adult available to drive you home and assist you at home for the first night following surgery**. For the first 24 hours after your anesthesia, refrain from drinking alcohol, driving a car, or making important decisions.

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General Anesthesia

A **general anesthetic** renders the patient **asleep and insensitive to pain** for surgery. Prior to beginning anesthesia, the anesthesiologist places monitors of blood pressure, electrocardiogram, pulse and oxygen saturation of the blood. Before the anesthetic, oxygen is administered by mask to fill the patient's lungs with 100% oxygen. Most adult patients are given general anesthesia by intravenous injection, usually of the medication propofol. This injection causes the patient to lose consciousness within 10 - 20 seconds. This is called the **induction of anesthesia**. The maintenance of anesthesia during surgery is done by mixing an anesthesia gas or gases with the oxygen. Typical inhaled anesthesia gases are nitrous oxide, sevoflurane, or isoflurane. Sometimes a continuous infusion of intravenous anesthetic such as propofol is maintained as well. The choice and dose of drugs is done by the anesthesia attending, based on the patient's size, age, the type of surgery, and the anesthesiologist's experience.

Many patients are given prophylactic anti-nausea medication during the anesthetic. If postoperative pain is anticipated, the anesthesiologist can also administer intravenous narcotics such a morphine (Dilaudid), meperidine (Demerol), or fentanyl.

Depending on the patient's medical condition and type of surgery, the anesthesiologist may protect the patient's airway during the general anesthetic by placing a breathing tube through the mouth, either an endotracheal tube (ET Tube) into the patient's windpipe, or a laryngeal mask airway (LMA) just above the voice box.

At the conclusion of surgery, the general anesthetic gases and/or intravenous anesthetic infusion(s) are discontinued. The patient usually regains consciousness within 5 - 15 minutes. The patient is then transferred to the recovery room

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